

## **Application Data Sheet**

### **Application Information**

Application number::	
Filing Date::	08/26/03
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	EXPANDING BAG
Attorney Docket Number::	04286.00124
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	8
Small Entity?::	YES
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Donald  
Middle Name:: E.  
Family Name:: Godshaw  
Name Suffix::  
City of Residence:: Evanston  
State or Province of Residence:: IL  
Country of Residence:: US  
Street of mailing address:: 3030 Payne Street  
City of mailing address:: Evanston  
State or Province of mailing address:: IL  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 60201

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Andrej  
Middle Name:: M.  
Family Name:: Redzisz  
Name Suffix::  
City of Residence:: Wheeling  
State or Province of Residence:: IL  
Country of Residence:: US  
Street of mailing address:: 636 Sycamore Lane  
City of mailing address:: Wheeling

State or Province of mailing address:: IL  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 60090

### **Correspondence Information**

Correspondence Customer Number:: 22908

### **Representative Information**

Representative Customer Number:: 22908

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee name:: Travel Caddy, Inc. d/b/a Travelon  
Street of mailing address:: 333 E. Touhy Avenue  
City of mailing address:: Des Plaines  
State or Province of mailing address:: IL  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 60018